

Foster Family Home - Corrective Action Report

Provider ID: 1-180037

Home Name: Ashley Tupinio, NA

Review ID: 1-180037-2

94-460 Kahuanani Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 4/26/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 4/26/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/10/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Information Confidentiality [11-800-16]


16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

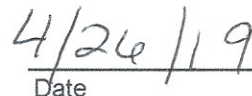
16.(b)(5) - No record of confidentiality training for CG#4 & CG#5 in home folder.

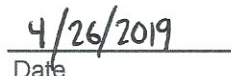


Compliance Manager



Primary Care Giver


Date


Date

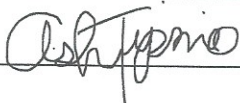
Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Ashley Tupinio**

CCFFH Address: **94-460 Kahuanani Street Waipahu, Hi. 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.(b)(5)	CG#4 and CG#5 was trained for the confidentiality client care information, signed the form and placed in home binder.	4/26/19	For future compliances, any new CG's will be trained a week prior adding to the home. And PCG reviewing home binder checklist.

Primary Caregiver's Signature: _____



Print Name: **Ashley Tupinio**

Date of Signature: **4/26/2019**